

Requisition

CSULB 49er Foundation

Ship To: CSULB Receiving Department
1331 Palo Verde Avenue
Long Beach CA 90840-5801

Business Unit:		LB49R	OPEN
Req ID	Date	Page	
0000000458	04/03/2019	1	
Requester	Telephone	Entered By	
Edlin, Tiffany	562/985-1626	Edlin, Tiffany	

Line-Schd-Dist Distribution	Description Account	Fund	Dept	Category	Quantity Prgm	UOM Class	Price Project	Extended Amt	Due Date Dist Amt
1-1	MBB 8-day/7-night foreign tour to Costa Rica, August 12th-19th			96298	25.0000	EA	2,795.00	69,875.00	
1-1-1	107001	N0173							69,875.00
<u>Line Total:</u>								69,875.00	
<u>Total Requisition Amount:</u>								69,875.00	

Contract

Beyond Sports vendor form



Beyond Sports Foreign Tour Contract

Program/Destination: Costa Rica Men's Basketball

Departure Date: August 12th, 2019

Return Date: August 19th, 2019

Organization or School Name: Long Beach State University

Address:

City:

State:

Zip:

Day Phone:

Home Phone:

Email:

Authorized Organization Representative:

Organization Representative:

Address:

Phone Number:

Email:

Approximate Number of Participants: 25-30

Trip Inclusions:

- 8-day/7-night foreign tour to Costa Rica (August 12th-19th)
- 7 nights hotel accommodations (4 nights in San Jose at Costa Rica Marriott Hotel San Jose and 3 nights on the Pacific Coast at The Westin Golf Resort and Spa, Playa Conchal)
- Round-trip airfare from Los Angeles (operated by Alaska Airlines)
- Three basketball exhibition games
- Gym rental for practice time upon arrival
- Minimum of two community service activities
- Daily breakfast buffet
- All meals and beverages for final 3 days of the trip (Westin Playa Conchal)
- Charter bus (55-passenger)
- International health insurance (GeoBlue)
- Zip-lining excursion
- La Paz Waterfall Gardens tour
- Full-time tour manager



Trip Cost Per Person:

Double Occupancy: **\$2,795 Per Person**

Single Occupancy: **\$3,595 Per Person**

*Quoted prices are based on a minimum of 22 paid travelers.

Family Pricing:

Beyond Sports will provide special pricing for spouses and partners of the coaching staff and university administration. The pricing included below assumes that a member of the coaching staff or administration is paying the single occupancy rate listed above (\$3,595 per person).

Cost for first additional family member (staying in same room as member of coaching staff or administration): **\$1,295 per person**

Beyond Sports will also provide special pricing for any children of members of the coaching staff and university administration. This pricing will be based on the traveler's age and provided upon request. Cost per person will not exceed \$1,295. Custom family packages can also be provided upon request for families that need multiple rooms at hotel accommodations.

Flight Information:

*30 seats currently held on group airfare contract. Flight itinerary is subject to change at the airline's discretion. Flight operated by Alaska Airlines.

August 12th:

- Depart Los Angeles International Airport (LAX) at 12:05PM on Alaska #0298
- Arrive to San Jose, Costa Rica (SJO) at 7:10PM

August 19th:

- Depart Liberia International Airport (LIR) at 10:25AM on Alaska #0283
- Arrive to Los Angeles International Airport (LAX) at 3:20PM



Deadline to reduce group size without penalty (10 seat minimum): **May 1st, 2019**

*After this date, the group airfare can only be reduced by 10% (by 7/1/2019) and the group is responsible for the cost of any unused seats.

Deadline to submit passenger information (names as appear on passport and date of birth) for all group travelers: **July 1st, 2019**

Summary of Costs Not Included in Trip Cost:

- Meals while in San Jose (Days 1-4) other than breakfast buffet
- Passport fees
- Transportation to and from airport in Los Angeles
- Trip cancellation insurance
- Additional excursions not listed on trip itinerary
- Souvenirs

Payment Schedule:

Deposit Payment (\$10,000): Due May 1st, 2019

Final Payment: Due July 15th, 2019

All program payments are non-refundable and any requests for refunds must be submitted by email to info@beyondsportstours.com.

I, on behalf of the above-listed organization and participants, have submitted this contract for the above referenced Beyond Sports Program.

Authorized Representative Signature: _____

Date: _____

Title: _____



**BEYOND SPORTS INC.
GROUP PROGRAM TERMS AND CONDITIONS**

The following terms and conditions apply to all Group Programs offered by Beyond Sports Inc. ("BSP")

I. GENERAL.

A. Pre-departure Requirements. All travelers are required to submit additional information concerning the Organization and Participants as requested by BSP as part of the pre-departure process. This may include both documents and online forms. Requirements are based on the traveler's specific program and are due within 30 days of your program start date.

B. Change in Program Structure. BSP makes every effort to ensure that programs operate as described in the trip itinerary or other published material. However, circumstances occasionally dictate that changes to trip itinerary are necessary or advisable. BSP shall not be responsible for circumstances and conditions outside of the control of BSP that require changes to schedule. No refund or reduction of fees will be made as long as the changes, modifications or altered arrangements are under the specific circumstances reasonably similar or comparable to the original arrangements as deemed by BSP. Determinations of comparability similarity under the specific circumstances will be made at BSP's sole discretion.

C. Health and Safety Measures. BSP shall have the right, but not the duty, to take whatever actions it deems necessary with regard to the health and safety of any or all participants including without limitation, obtaining medical treatment on their behalf and transporting them home for medical treatment or other emergency reasons, at the expense of the participant or organization.

D. Insurance. All BSP programs include a medical insurance coverage for each participant through GeoBlue. BSP will provide the Organization and each participant with a copy of the medical policy upon request. In addition, BSP provides Political and Natural Disaster Evacuation Services administered by Worldwide Insurance Services, LLC for each participant. BSP strongly advises the Organization and each participant to research and consider purchasing their own insurance for any other needs that the Organization or participants might need and are not included in the medical policy.



II. CODE OF CONDUCT.

BSP has high standards for participant conduct and as a participant in a BSP program all travelers are expected to uphold these standards, in addition to respecting and observing the culture and laws of the host country and any institutions that are part of any program. Participants shall comply with all laws of the host country in which the Program operates and any country in which the participant travels while participating in a BSP Program. expense.

III. RELEASE.

The organization and each participant of a BSP program hereby agrees to release, fully discharge and indemnify and hold harmless BSP and its owners, employees, representatives and partners from all suits, claims, liability, costs or expenses of any nature, including, but not limited to, attorneys' fees, arising out of or in any way related to events or participation in BSP programs including, without limitation, claims for personal injury or property damage, except for the gross negligence or intentional misconduct of BSP, or its employees, agents or representatives.

By signing below, the organization hereby agrees to the BSP terms and conditions set forth herein, including without limitation, the Code of Conduct and Release.

AUTHORIZED REPRESENTATIVE (PRINT):

AUTHORIZED REPRESENTATIVE'S SIGNATURE	DATE:
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CALIFORNIA STATE UNIVERSITY, LONG BEACH
VENDOR DATA RECORD STD 204

2019

(Required in lieu of IRS W-9 when doing business with CSULB or Foundation Auxiliaries)

VENDOR #

1	<p>DEPARTMENT/OFFICE CSULB-ACCOUNTS PAYABLE DEPARTMENT</p> <hr/> <p>STREET ADDRESS 6300 STATE UNIVERSITY DR. SUITE 280</p> <hr/> <p>CITY, STATE, ZIP CODE LONG BEACH, CA 90815-4680</p> <hr/> <p>TELEPHONE NUMBER FAX NUMBER (562) 985-2512 (562) 985-1702</p>	<p>CHECK ONE BOX ONLY</p> <p><input type="radio"/> Campus Routing LBCMP Email: AP-UPLOADS@csulb.edu</p> <p><input type="radio"/> Foundation Routing LBFND Email: FND-AP@csulb.edu</p>
2	<p>VENDOR'S BUSINESS NAME BEYOND SPORTS INC.</p> <hr/> <p>SOLE PROPRIETOR-ENTER OWNER'S FULL NAME (Last, First, M.I.) 220 NW 3TH AVE</p> <hr/> <p>MAILING ADDRESS (Number and Street or P.O. Box Number) Portland OR 97209</p> <hr/> <p>CITY, STATE AND ZIP CODE</p>	<p>PLEASE CHECK ALL APPLICABLE</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><input type="checkbox"/> Equipment/Supplies</p> <p><input checked="" type="checkbox"/> Non-Med Services</p> <p><input type="checkbox"/> Medical Services</p> <p><input type="checkbox"/> Interest</p> <p><input type="checkbox"/> Non-Employee Compensation</p> <p><input checked="" type="checkbox"/> Accept Credit Cards as form of payment</p> <p><input checked="" type="checkbox"/> Accept ACH transfers as form of payment</p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> Rent</p> <p><input type="checkbox"/> Royalties</p> <p><input type="checkbox"/> Attorney Fees</p> <p><input type="checkbox"/> Legal Settlement</p> <p><input type="checkbox"/> Prize/Awards</p> </div> </div>
3	<p>SELECT ONE ONLY</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><input type="radio"/> MEDICAL CORPORATION (including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.)</p> <p><input type="radio"/> EXEMPT (Non-profit) Please attach a copy of 501C and California form 590</p> <p><input type="radio"/> ALL OTHER CORPORATIONS</p> <p><input checked="" type="radio"/> LIMITED LIABILITY COMPANY * C</p> <p><small>* Type C for C Corporation, S for S Corporation or P for Partnership.</small></p> </div> <div style="width: 48%;"> <p><input type="radio"/> PARTNERSHIP</p> <p><input type="radio"/> ESTATE OR TRUST</p> <p><input type="radio"/> INDIVIDUAL/SOLE PROPRIETOR OR SINGLE LLC</p> </div> </div>	<p>CHECK IF APPLICABLE</p> <p><input type="checkbox"/> Certified DVBE Certified</p> <p><input type="checkbox"/> Small Business</p> <p><input type="checkbox"/> Government OSDS Certification</p> <p>Number is: _____</p>
4	<p>SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF THE REVENUE AND TAXATION CODE SECTION 18646 (SEE REVERSE)</p> <hr/> <p>FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) SOCIAL SECURITY NUMBER</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%; border: 1px solid black; padding: 2px;"> 47-2024557 </div> <div style="width: 48%; border: 1px solid black; padding: 2px;"> </div> </div> <p><small>IF VENDOR ENTITY TYPE IS CORPORATION, PARTNERSHIP, ESTATE OR TRUST, ENTER FEIN. IF VENDOR ENTITY TYPE IS INDIVIDUAL/SOLE PROPRIETOR, ENTER SSN.</small></p>	<p>NOTE: Payment will not be processed without an accompanying taxpayer I.D. number unless considered a foreign vendor.</p> <p><input type="checkbox"/> CHECK here if company does not have a location within US borders.</p>
5	<p>CHECK APPROPRIATE BOX(ES)</p> <p><input type="checkbox"/> CALIFORNIA RESIDENT</p> <p><input type="checkbox"/> CALIFORNIA NONRESIDENT (See reverse) - Payment for services by nonresidents may be subject to state income tax withholding.</p> <p><input type="checkbox"/> REGISTERED TO DO BUSINESS IN CALIFORNIA - Please attach California form 590</p> <p><input checked="" type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA - Please attach California form 587</p> <p><input type="checkbox"/> PART OF SERVICES PERFORMED OUTSIDE OF CALIFORNIA - Please attach California form 587</p> <p><input type="checkbox"/> FTB DETERMINATION LETTER FOR WAIVED OR REDUCED WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED</p> <p>US STATUS: <input type="radio"/> US Citizen <input type="radio"/> US Permanent Resident <input type="radio"/> Foreign National/Entity <input checked="" type="radio"/> US Entity</p>	<p>BACKUP WITHHOLDING: (Select appropriate box)</p> <p><input checked="" type="checkbox"/> I am not subject to backup withholding. (select below)</p> <p><input type="checkbox"/> I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends.</p> <p><input type="checkbox"/> The IRS has notified me that I am no longer subject to backup withholdings.</p> <p><input checked="" type="checkbox"/> I am exempt from backup withholding.</p> <p><input type="checkbox"/> I am subject to backup withholding.</p>
6	<p>I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED ON THIS DOCUMENT IS TRUE AND CORRECT. IF MY RESIDENCY STATUS SHOULD CHANGE, I WILL PROMPTLY INFORM YOU.</p>	
CERTIFYING SIGNATURE	<p>AUTHORIZED VENDOR REPRESENTATIVE'S NAME (Type or Print) Grant Leslie</p> <hr/> <p>SIGNATURE </p>	<p>TITLE CEO</p> <hr/> <p>DATE 4-2-2019</p>
		<p>TELEPHONE NUMBER 206-669-3542</p> <hr/> <p>FAX OR EMAIL ADDRESS grante@beyondsportsinc.com</p>

PURPOSE: Information contained in this form will be used by CSULB to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments.

Nonresident Withholding Allocation Worksheet

2019

587

The payee completes this form and returns it to the withholding agent.

Part I Withholding Agent Information

Withholding agent's name

Address (apt./ste., room, PO box, or PMB no.)

City (If you have a foreign address, see instructions.)

State ZIP code

Part II Nonresident Payee Information

Payee's name

☐ SSN or ITIN ☒ FEIN ☐ CA Corp no. ☐ CA SOS file no.

Address (apt./ste., room, PO box, or PMB no.)

City (If you have a foreign address, see instructions.)

State ZIP code

Nonresident payee's entity type: (Check one)

☐ Individual/sole proprietor ☒ Corporation ☐ Partnership ☐ Limited liability company (LLC) ☐ Estate or trust

Part III Payment Type

Nonresident payee: (Check one)

- ☒ Performs services totally outside California (no withholding required, skip to Certification of Nonresident Payee)
- ☐ Provides only goods or materials (no withholding required, skip to Certification of Nonresident Payee)
- ☐ Provides goods and services in California (see Part IV, Income Allocation)
- ☐ Provides services within and outside California (see Part IV, Income Allocation)
- ☐ Other (Describe) _____

If the nonresident payee performs all the services within California, withholding is required on the entire payment for services unless the payee is granted a withholding waiver from the Franchise Tax Board (FTB). For more information, get FTB Pub. 1017, Resident and Nonresident Withholding Guidelines.

Part IV Income Allocation

Gross payments expected from the withholding agent during the calendar year for:

(a) Within California (b) Outside California (c) Total payments

1 Goods and services:

Goods/materials (no withholding required) _____

Services (withholding required) _____

2 Rents or lease payments _____

3 Royalty payments _____

4 Prizes and other winnings _____

5 Other payments _____

6 Total payments subject to withholding. _____

Add column (a), line 1 through line 5 _____

Nonresident withholding threshold amount: ... \$1,500.00

Backup withholding threshold amount: ... \$0.00

Certification of Nonresident Payee

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined the information on this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare under penalties of perjury that if the facts upon which this form are based change, I will promptly notify the withholding agent.

Print or type payee's name

BEYOND SPORTS INC

Telephone

(206) 669-3542

Payee's signature

X [Signature]

Date

4-2-2019

Print or type representative's name and title

GRANT LESLIE, CEO

Telephone

()

Authorized representative's signature

X [Signature]

Date

Sign
Here